



PTO/SB/21 (02-04)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>Application Number</b>	10/655,856	
	<b>Filing Date</b>	09/06/2003
	<b>First Named Inventor</b>	W.Sam Coblenz
	<b>Art Unit</b>	3652
	<b>Examiner Name</b>	Douglass A Hess
<b>Attorney Docket Number</b>	97-61-106	
<b>Total Number of Pages in This Submission</b>	10	

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Post Card
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<b>Remarks</b>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Firm or Individual name</b>	Glenn P Richards <i>Glenn Richards</i>
<b>Signature</b>	
<b>Date</b>	11/08/2004

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

<b>Typed or printed name</b>	Linda Dowrey		
<b>Signature</b>	<i>Linda Dowrey</i>	<b>Date</b>	11/08/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application No. 10/655,856  
Response dated November 8, 2004  
Reply to Office Action of July 8, 2004

IFW



Confirmation No.: 7248

Application No. : 10/655,856  
Applicant : W. Sam Coblentz  
Filed : 09/06/2003  
Art Unit : 3651  
Examiner : Douglas A. Hess  
Docket No. : 87-67-106  
Customer No. : 04856

#### **AMENDMENT**

Sir:

In response to the Office Action of July 8, 2004, please amend the captioned application as follows:

**Amendments to the claims** are reflected in the listing of claims that begins on page 2 of this paper.

**Remarks** begin on page 5 of this paper.